71-17

Revision: HCFA-AT-81-34 (BPP)

10-81

State___ Michigan

Citation

Prohibition Against Reassignment of 4.21 Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.



TN # Supersedes 78-12 TN #